

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | 1 | | | | | |
| 6 | | 1 | | | | |
| 7 | | 1 | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | 1 | | | | | |
| 11 | 6 | | | | | |
| 12 | 6 | | | | | |
| 13 | 5 | | | | | |
| 14 | 5 | | | | | |
| 15 | 5 | | | | | |
| 16 | 5 | | | | | |
| 17 | 6 | | | | | |
| 18 | 6 | | | | | |
| 19 | 6 | | | | | |
| 20 | 6 | | | | | |
| 21 | 1 | | | | | |
| 22 | 1 | | | | | |
| 23 | 6 | | | | | |
| 24 | 1 | | | | | |
| 25 | 6 | | | | | |
| 26 | 6 | | | | | |
| 27 | 6 | | | | | |
| 28 | 6 | | | | | |
| 29 | 1 | | | | | |
| 30 | 1 | | | | | |
| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
| 35 | 4 | | | | | |
| 36 | 4 | | | | | |
| 37 | 4 | | | | | |
| 38 | 4 | | | | | |
| 39 | 4 | | | | | |
| 40 | 4 | | | | | |
| 41 | 4 | | | | | |
| 42 | 4 | | | | | |
| 43 | 4 | | | | | |
| 44 | 4 | | | | | |
| 45 | 4 | | | | | |
| 46 | 4 | | | | | |
| 47 | 1 | | | | | |
| 48 | 1 | | | | | |
| 49 | 1 | | | | | |
| 50 | 1 | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| | * | | * | | * | |
|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | 1 | | | | | |
| 52 | | 1 | | | | |
| 53 | | 1 | | | | |
| 54 | | 3 | | | | |
| 55 | 1 | | | | | |
| 56 | | 1 | | | | |
| 57 | 1 | | | | | |
| 58 | | 3 | | | | |
| 59 | | 4 | | | | |
| 60 | | 4 | | | | |
| 61 | | 4 | | | | |
| 62 | | 4 | | | | |
| 63 | | 4 | | | | |
| 64 | | 4 | | | | |
| 65 | 1 | | | | | |
| 66 | 1 | | | | | |
| 67 | 1 | | | | | |
| 68 | | | | | | |
| 69 | | | | | | |
| 70 | | | | | | |
| 71 | | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 6 | | | | | |
| TOTAL DEP. | 206 | | | | | |
| TOTAL CLAIMS | 212 | | | | | |